FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1 Nomes on			and the second s												
Name and Address of Reporting Person * Faulkes Martin Charles			2. Issuer Name and Ticker or Trading Symbol VOLITIONRX LTD [VNRX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
1 SCOTTS ROAD, #24-05 SHAW CENTRE			3. Date of Earliest Transaction (Month/Day/Year) 11/25/2016								ve title below)		ner (specify belo	v)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
SINGAPORE, U0 228208											Form filed by More than One Reporting Person				
(City	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				Acquirec	uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			Executio any	2A. Deemed Execution Date, if any (Month/Day/Year)					of (D) Ow Tra	Owned Following Reported Transaction(s)		ted	Ownership of Form:	Beneficial	
				(Monul/I	Jay/1ea		ode V		(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		11/25/2016			ľ	Л	5,000	A	\$ 3 1,2	296,629			D	
Common	Stock		11/25/2016]	F	3,379 1)	D	\$ 4.44 1,2	293,250			D	
Reminder:	Report on a	separate line for each	ch class of securities	s beneficia	ılly own	ed direc	Perso	s who r			collection		nation nd unless t		474 (9-02)
Reminder:	Report on a	separate line for eac	Table II - I	Derivativo	e Securi	ties Acc	Person contai	ns who rened in the isplays a	nis form a curre or Bene	m are no ently vali eficially O	ot required id OMB co	to respo	nd unless t		474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - I (3A. Deemed Execution Date, if	Derivative e.g., puts, 4. Transact Code	Securicalls, v 5.1 ion of De Sec Ac (A) Dis of of	variants Number rivative rurities quired or posed D) str. 3, 4,	Person contai form of	ns who rened in the isplays a cosed of, of the convertible arcisable a Date	nis form a curre or Bene e secur	m are no ently vali eficially O	ot required lid OMB co Owned and of of ong	l to respo	nd unless to the state of the s	of 10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Nature of Indire Benefic: (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I (3A. Deemed Execution Date, if	Derivative e.g., puts, 4. Transact Code	5.1 ion of October (In Control of	varrants Number rivative surities quired or posed D) str. 3, 4,	Person contain form of the property of the pro	ns who rened in the isplays a cosed of, o convertible recisable a Date y/Year)	nis forma a curre or Bene e secur and	m are no ently vali eficially O ities) 7. Title an Amount o Underlyin Securities	ot required lid OMB co Owned and of of ong	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersh Form of Derivativ Security; Direct (I or Indire	11. Nature of Indire Benefic: (Instr. 4

Reporting Owners

Danastina Ossara Nassa / Addissa	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Faulkes Martin Charles 1 SCOTTS ROAD, #24-05 SHAW CENTRE SINGAPORE, U0 228208	X					

Signatures

/s/ Martin Charles Faulkes	11/28/2016
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Represents the aggregate number of shares of common stock retained by VolitionRx for cancellation as payment of the exercise price in a cashless exercise. No shares were sold by the Reporting Person or VolitionRx in such cashless exercise transaction.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.